



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
SLOVIN	GARY	M.	808-547-5600
MAILING ADDRESS (Street)			FAX
1099 Alakea Street, Suite 1800			808-547-5880
(City)	(State)	(Zip Code)	
Honolulu, HI 96813			
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Goodsill Anderson Quinn & Stifel			808-547-5600
MAILING ADDRESS (Street)			FAX
Same as above.			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES		202-628-3544
MAILING ADDRESS (Street)		FAX
1250 I STREET, NW, SUITE 400 DC		202-682-8849
(City)	(State)	(Zip Code)
WASHINGTON	DC	20005
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
COURTNEY ARMOUR		202-682-8802
MAILING ADDRESS (Street)		FAX
1250 I STREET, NW, SUITE 400		202-682-8849
(City)	(State)	(Zip Code)
WASHINGTON, D.C. 20005		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Anne S. Horvath Bell

(Signature of Lobbyist)

3/16/06

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

MARK GORMAN, SENIOR VICE PRESIDENT, GOVERNMENT RELATIONS

NAME OF ORGANIZATION (if applicable)

TELEPHONE

DISTILLED SPIRITS COUNCIL OF THE UNITED STATES

202-628-3544

MAILING ADDRESS (Street)

FAX

1250 I STREET, NW, SUITE 400

202-682-8849

(City)

(State)

(Zip Code)

WASHINGTON, D.C. 20005

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Mark Gorman

(Signature of Authorizing Officer or Person Represented)

3-04-06

(Date)